

**DEPARTMENT OF THE AIR FORCE**  
**HEADQUARTERS AIR RESERVE PERSONNEL CENTER**  
HQ ARPC/SGO  
6760 E. Irvington Pl #7200  
Denver CO 80280-7200

28 June 2004

MEMORANDUM FOR ALL Individual Mobilization Augmentees (IMA) and Participating Individual Ready Reservists (PIRR)/Category E reservists.

SUBJECT: Annually Required Examination(s) Notification

1. All Individual Mobilization Augmentees and Participating Individual Ready Reserve members are required to have an annual physical assessment and dental examination. If you just completed the physical and dental requirements, and you received this letter in error, we apologize for any inconvenience. Please contact HQ ARPC/SGO to ensure that documentation of the completed examination(s) is now on file.
2. Also known as the Reserve Component Preventive Health Assessment, the RCPHA must be completed yearly. **The physical and dental exams are current for one year from the last day of the month in which the assessments were accomplished.** The RCPHA consists of a Reserve Component Health Risk Assessment (RCHRA), a SF form 600 overprint, a dental examination, and an immunization record review. The RCHRA and SF form 600 overprint must be completed by a military provider. The dental examination may be completed by a civilian dentist or by a military dentist on a space available basis. The only additional form required for personnel in a flying billet is the AF form 1042. The AF form 1042 is not a "replacement" or "substitution" for the required RCPHA documents. The necessary forms are enclosed with this letter. **This letter is your authorization to obtain the required military exam(s) at an Active Duty Air Force Medical Treatment Facility.**
3. You are strongly encouraged to accomplish your RCPHA during your Annual Tour (AT) or Inactive Duty Training (IDT). In order to complete your RCPHA, you must contact the Medical Treatment Facility (MTF) Force Health Management Section well in advance (at least 30 days prior) to schedule an appointment for a physical assessment and/or dental examination. If you encounter difficulties, ask to be connected with the facility RCPHA Project Manager, or as a last resort the facility patient advocate. If you are unable to complete these exams during your scheduled duty periods, an AF Form 40a, Record of Individual Inactive Duty Training, may be submitted for one non-paid point upon completion of the exam(s).
4. If you fail to complete a physical and/or dental examination, you may be placed on a "no pay-no points" status IAW AFM 36-8001 para 1.6 *Reserve Personnel Participation and Training Procedures* and AFI 48-123 *Medical Examinations and Standards*. Eligibility for pay and points may be restored upon completion and receipt of documentation by HQ ARPC/SGO of all required examinations and coordination with your MAJCOM Program Manager.
5. **FOR PHYSICAL EXAMINATIONS:**
  - A. Using local protocol, schedule your appointment(s) by contacting the Medical Treatment Facility (MTF) at your base of assignment or attachment. References for Authority to Conduct Medical Exams of IMAs are available at [https://arpc.afrc.af.mil/sgo/imamed\\_ex.doc](https://arpc.afrc.af.mil/sgo/imamed_ex.doc).
  - B. Contact your active duty supervisor regarding the date and time of your exam.
  - C. Notify HQ ARPC/SGO of the appointment(s) date(s) and location. Preferably e-mail the exam information to [arpc.sgodl@arpc.denver.af.mil](mailto:arpc.sgodl@arpc.denver.af.mil) or complete the form at the bottom of this letter and either fax it to (303) 676-7589 or DSN 926-7589 or mail it to the address below. **If SGO is notified at least 10 days prior to your appointment, a copy of your last physical examination will be sent to the MTF in advance for the provider's use during your assessment.**

D. As stated above, the required forms have been enclosed. If necessary, you can download blank forms at [https://arpc.afrc.af.mil/sgo/forms\\_pubs.htm](https://arpc.afrc.af.mil/sgo/forms_pubs.htm). Prior to your appointment, fill out the 4-page Reserve Component Health Risk Assessment (RCHRA). Bring the completed RCHRA, the blank SF form 600 and your Shot Record to your appointment. If you have any medical conditions, bring copies of medical records or supporting documentation with you as well.

6. **FOR DENTAL EXAMS:** You may have your civilian dentist complete the DD form 2813 Reserve Forces Dental Examination or you may schedule an exam at a military dental treatment facility on a space available basis.

7. Upon completion of the exam(s), the forms must be sent to HQ ARPC/SGO. Although the MTF may do so, ultimately it is your responsibility to ensure that the documentation is sent to ARPC/SGO. To confirm receipt, email [arpc.sgodl@arpc.denver.af.mil](mailto:arpc.sgodl@arpc.denver.af.mil). You are **strongly** encouraged to obtain and keep a copy of all completed medical documentation.

8. Helpful web sites: If you are unable to schedule your appointments at an Active Duty Air Force MTF, search [www.afcrossroads.com/html/dodinstall/index.htm](http://www.afcrossroads.com/html/dodinstall/index.htm) for the DoD facility nearest you. For additional information about Physical Standards requirements, our web site address is <https://arpc.afrc.af.mil/sg/index.htm>.

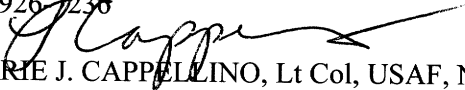
8. If you have questions about scheduling your appointments or are having difficulty completing the annual requirement, please contact your active duty supervisor, your Base Individual Mobilization Augmentee Administrator (for a listing, visit <https://arpc.afrc.af.mil/bimaas.htm>), or your MAJCOM Program Manager (<https://arpc.afrc.af.mil/Program%20Manager%20Listings.doc>).

To contact ARPC/SGO:

E-mail: [arpc.sgodl@arpc.denver.af.mil](mailto:arpc.sgodl@arpc.denver.af.mil) Fax: 303-676-7589 (DSN 926-7589)

Address is: HQ ARPC/SGO, 6760 E. Irvington Place, #7200, Denver, CO 80280

Phone numbers are: 1-800-616-3775 or DSN 926-7236

  
LORRIE J. CAPPELLINO, Lt Col, USAF, NC  
Director, Health Services  
Individual Reserve Programs

Name and  
SSN \_\_\_\_\_

Location, date and time of appointment(s) \_\_\_\_\_

Type of Appointment:    Physical Exam                  Dental Exam    (circle one or both)

MTF POC and phone, fax number or email \_\_\_\_\_  
*Fax or mail back to ARPC/SGO at the number or address listed above*